

Y. Booker

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506,386

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4		1				
5	1					
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		2				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24	1	2				
25		1				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35	1					
36	1					
37		1				
38		1				
39	1					
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41		1				
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48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	50	←		←		←
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY